

**BINDING DEATH BENEFIT NOMINATION**

**BT HARDIE SUPERNUATION FUND**

I, Bradley Thomas Hardie of RMB 826 WILLIAMS WA 6391 as a member of the Fund, hereby notify the Trustee of whom to pay my benefits in the Fund to, on or after my death:

NAME	RELATIONSHIP	% OF BENEFIT
SUEBSIRI HARDIE	WIFE	100
	Total	100

I understand that:

I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;

unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;

this Nomination is deemed invalid if completed incorrectly; and

I have nominated persons who are "dependants" as outlined in the Funds death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.

BT  
X BT Hardie.  
Bradley T Hardie

16/9/2014  
Date

**Witness Declaration**

We declare that we are aged eighteen years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

Lindsay Carter  
Signature of Witness 1

16/9/2014  
Date

Quishura  
Signature of Witness 2

16/9/2014  
Date

**BINDING DEATH BENEFIT NOMINATION**

**BT HARDIE SUPERNUATION FUND**

I, Suebsiri Hardie of RMB 826 WILLIAMS WA 6391 as a member of the Fund, hereby notify the Trustee of whom to pay my benefits in the Fund to, on or after my death:

NAME	RELATIONSHIP	% OF BENEFIT
BRADLEY THOMAS HARDIE	HUSBAND	100
	Total	100

I understand that:


I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;

unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;

this Nomination is deemed invalid if completed incorrectly; and

I have nominated persons who are "dependants" as outlined in the Funds death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

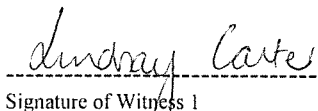
I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.

  
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Suebsiri Hardie

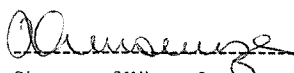
16/9/2014  
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Date

**Witness Declaration**

We declare that we are aged eighteen years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

  
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Signature of Witness 1

16/9/2014  
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Date

  
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Signature of Witness 2

16/9/2014  
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Date